

Reproductive Health Training

For Primary Providers

A SourceBook
for
Curriculum Development

Module 5 Postabortion Care



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Module 5: Providing Postabortion Care Services

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LIST OF ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
COC	combined oral contraceptive
D&C	dilation and curettage
EC	emergency contraception
FP	family planning
HIV	human immunodeficiency virus
HLD	high-level disinfection
IUD	intrauterine contraceptive device
IV	intravenous
LMP	last menstrual period
MAQ	maximizing access to and quality of care
MH	maternal health
MVA	manual vacuum aspiration
PA	postabortion
PAC	postabortion care
POC	products of conception
QOC	quality of care
RH	reproductive health
STI	sexually transmitted infection

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as references to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers. It also can be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. A list of the eight *SourceBook* modules appears below¹. This module is highlighted.

- Module 1 Counseling clients for family planning/reproductive health services
- Module 2 Educating clients and groups about family planning/reproductive health
- Module 3 Providing family planning services
- Module 4 Providing basic maternal/newborn care services
- Module 5 Providing postabortion care services
- Module 6 Providing selected² reproductive health services
- Module 7 Working in collaboration with other reproductive health and community workers
- Module 8 Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

¹ Other jobs, or modules, may be identified and developed.

² This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 5

Module 5 contains the components for developing a curriculum or a curriculum unit on providing postabortion care (PAC) services. Such services include:

- assessment of the need for postabortion care services,
- treatment of incomplete abortion and its immediate life-threatening complications,
- referral and transport for complications needing treatment not available at the service site,
- postabortion family planning (FP), and
- referral to other needed health care or social services.

This module refers to or incorporates the knowledge and skills covered in other *SourceBook* modules (i.e., counseling clients; educating clients and groups; providing family planning services; providing maternal and newborn care services; providing selected RH services; working in collaboration with other RH and community workers; organizing the FP/RH clinic for MAQ).

When developing a performance-based curriculum on providing postabortion care services, the following key resources are essential to use in conjunction with Module 5:

Key Resources (full citations are contained in the User's Guide and the **References** list at the end of this module)

- *Postabortion Care: A Reference Manual for Improving Quality of Care* (Winkler J, et al (eds))
- *MVA Trainer's Handbook* (Yordy L, et al)
- *The Care of Mother and Baby at the Health Centre: A Practical Guide* (World Health Organization)
- Care for Postabortion Complications: Saving Women's Lives (Salter, et al, *Population Reports*)
- national or local service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for providing postabortion care services.

Mapping Module 5

On the following pages are a series of figures that progressively build the “map” of Module 5 (Figures 1 through 5). The term “map” has a unique meaning in the *SourceBook*. Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee’s JOB (the JOB for Module 5 is “providing postabortion care services”);
- the MAJOR TASKS of the job;
 - the KNOWLEDGE required to perform the job;
 - the SKILLS required to perform the job;
 - KNOWLEDGE ASSESSMENT QUESTIONS; and
 - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, it appears at the top of the map.

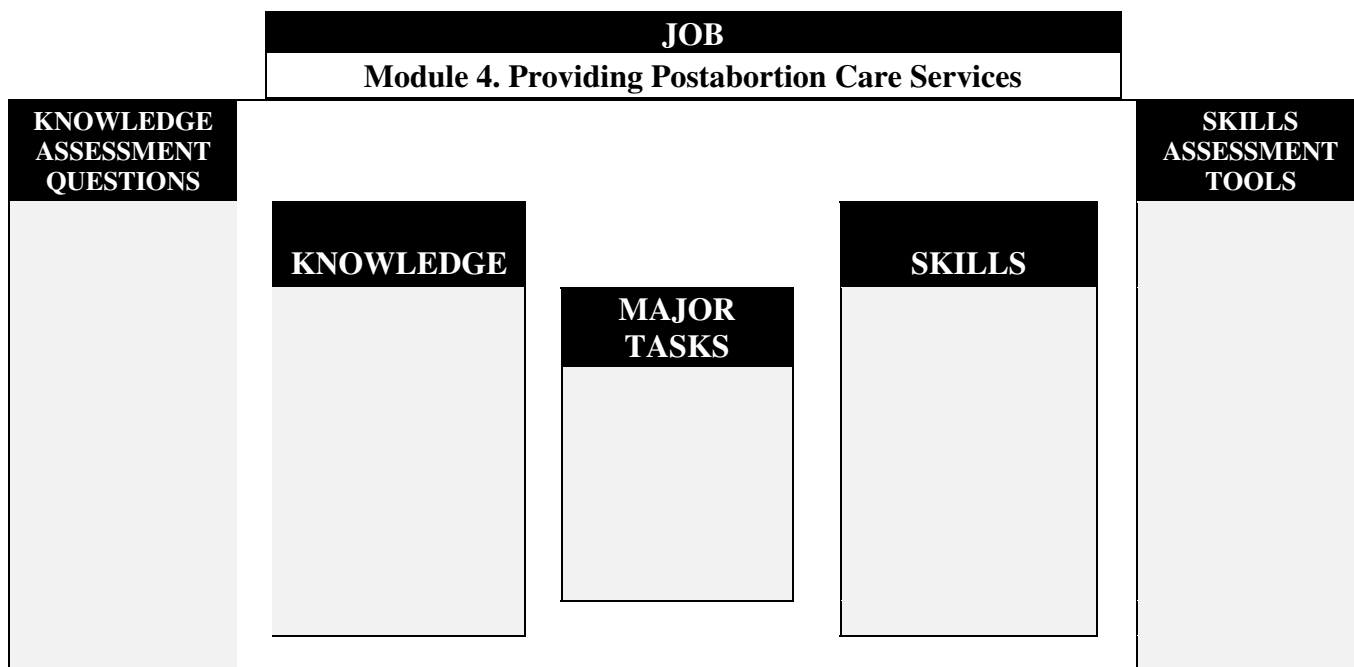


Figure 1
The Module “Map”

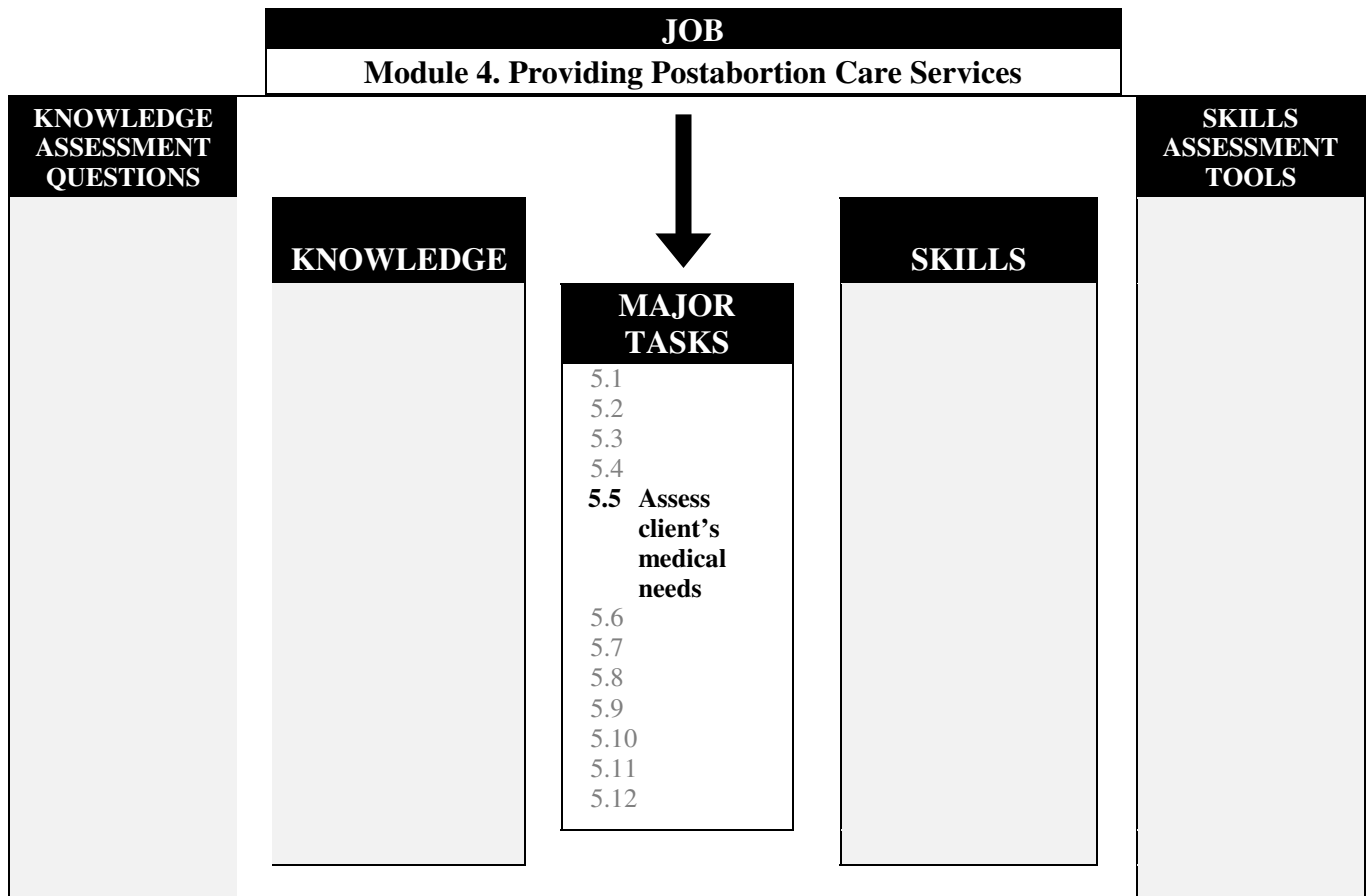


Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, “Providing Postabortion Care Services,” consists of 12 MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the 12 MAJOR TASKS, “assess client’s medical needs,” is featured in Figure 2.

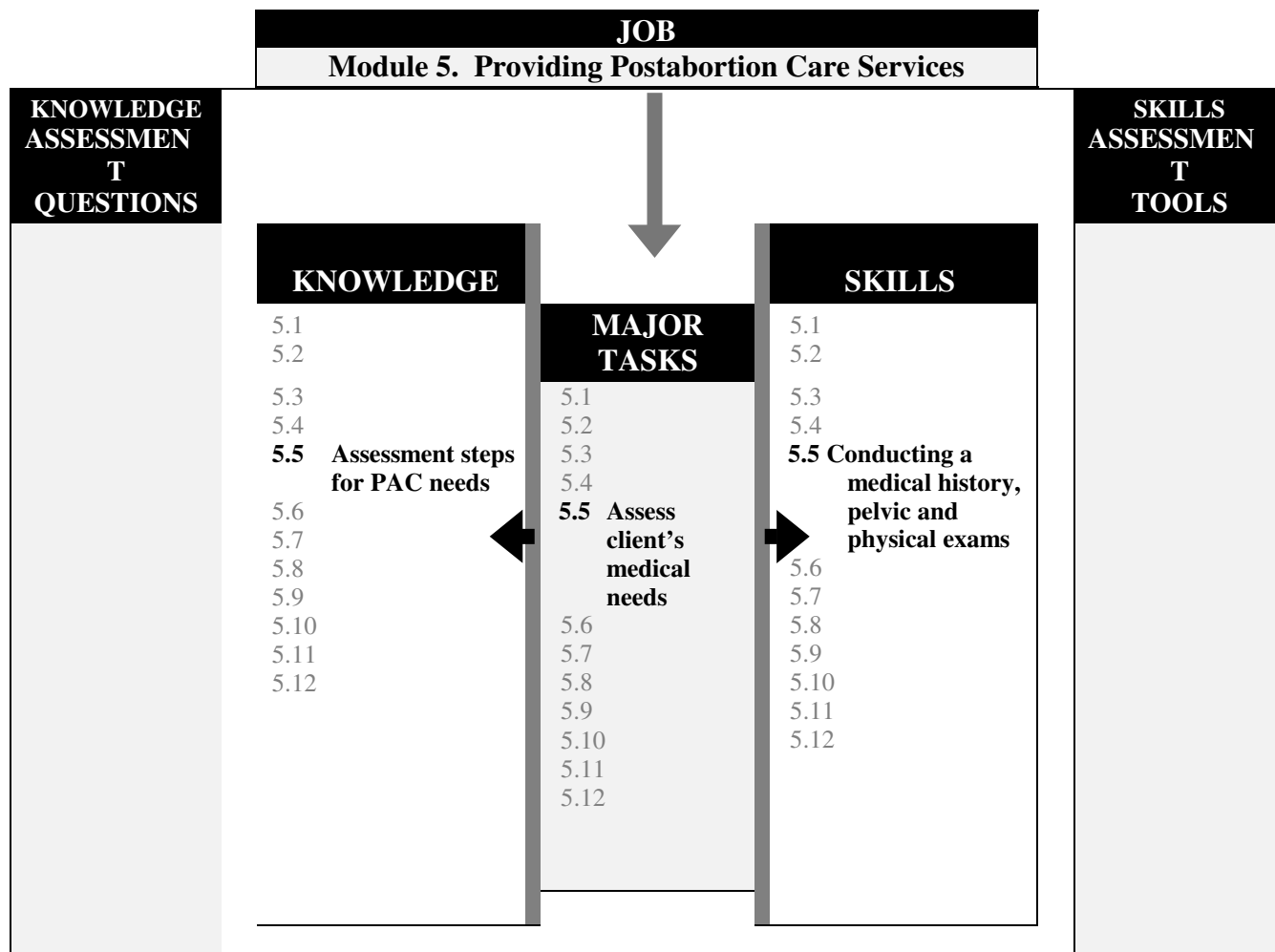


Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of assessing a postabortion client's medical needs consists of assessment steps for postabortion care needs. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILLS that must be practiced are conducting a medical history, pelvic and physical examinations.

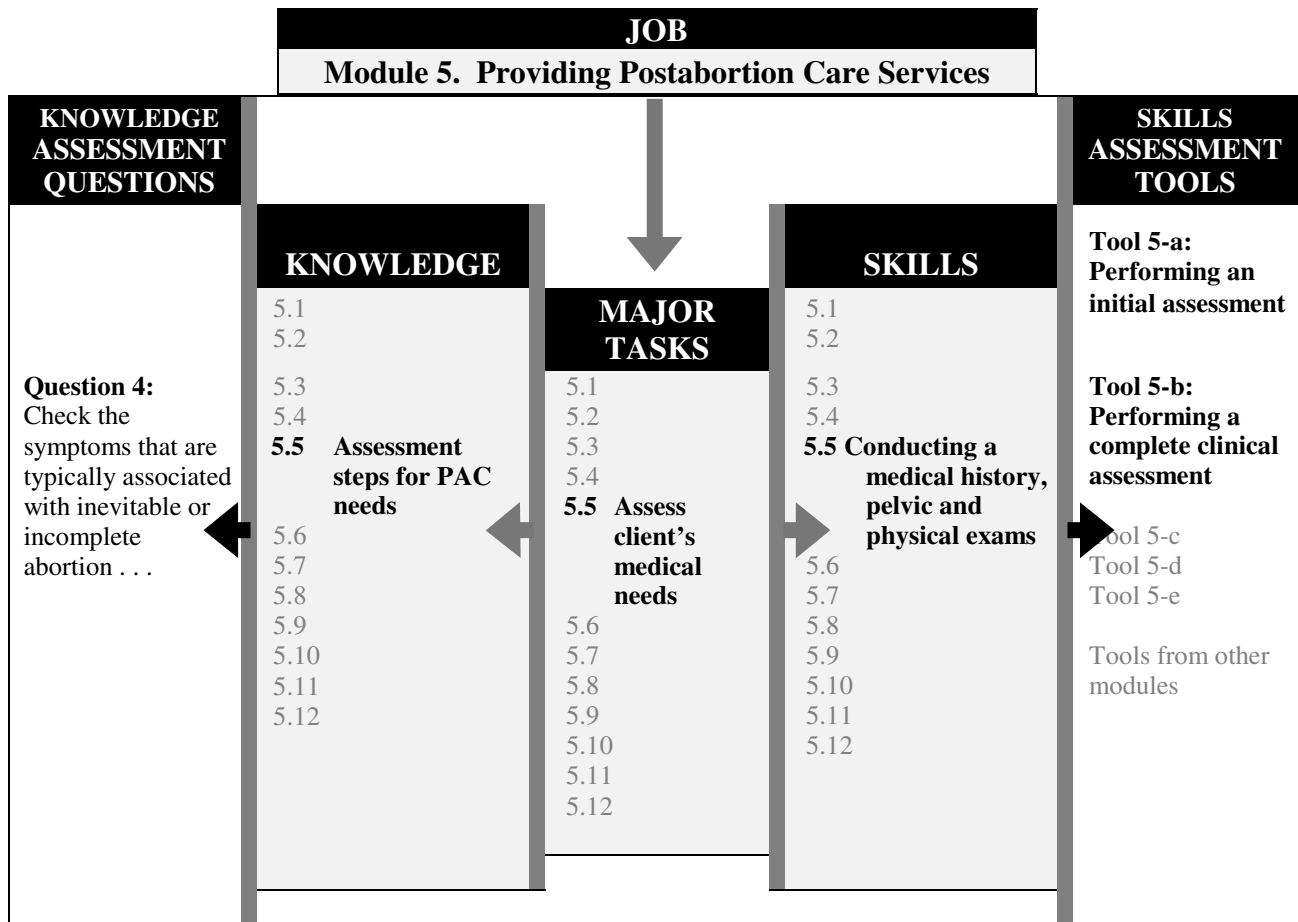


Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately each MAJOR TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They can also be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

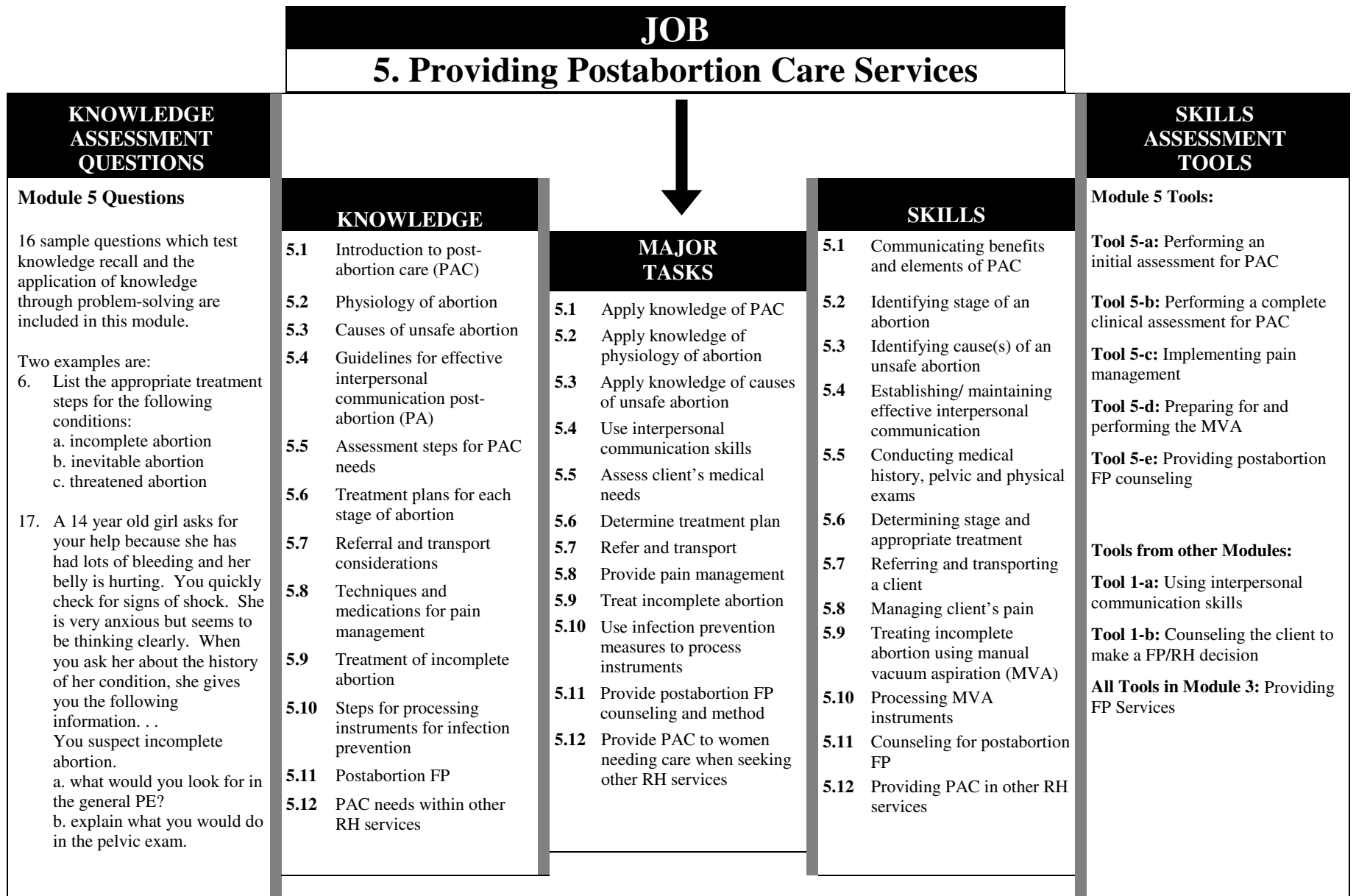


Figure 5: Detailed map of Module 5

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to provide the postabortion care services that are appropriate for the provider's level of training, experience and the setting in which s/he works.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

- 5.1 Apply knowledge of postabortion care and essential obstetric care for spontaneous or complicated induced abortion to offer appropriate client counseling, assessment, and treatment.
- 5.2 Apply knowledge of the physiology of abortion during the management of incomplete abortion.
- 5.3 Apply knowledge of the causes of abortion during postabortion counseling and treatment, including referral.
- 5.4 Use effective, interpersonal communication skills during all phases of postabortion care.
- 5.5 Assess the client's medical needs, including initial assessment and complete clinical assessment (medical history and examinations).
- 5.6 Determine the stage of abortion and appropriate treatment based on history, signs, symptoms and examinations.
- 5.7 Appropriately refer and transport a client needing treatment not available in the clinic.
- 5.8 Provide pain management, as appropriate.
- 5.9 Treat incomplete abortion, using MVA and post-procedural care.
- 5.10 Use infection prevention measures to maintain MVA instruments and other items.
- 5.11 Provide postabortion FP counseling and services.
- 5.12 Identify women who need postabortion care when they are seen for other RH services, and provide appropriate care.

KNOWLEDGE

&

SKILLS

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the 12 major tasks which comprise the job of providing postabortion care services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules or in other references (see **References** at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See **References** for the full citation of the sources listed.)

MAJOR TASK 5.1

Apply knowledge of postabortion care and essential obstetric care for spontaneous or complicated induced abortion to offer appropriate client counseling, assessment, and treatment.

KNOWLEDGE**5.1 Introduction to postabortion care**

(for more background information on postabortion care, see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 1; and Salter C, et al: *Care for Postabortion Complications: Saving Women's Lives. Population Reports*)

5.1.1 Definitions (see Glossary in User's Guide)

- unsafe abortion: a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (WHO definition)
- spontaneous abortion: unprovoked termination of a pregnancy before the fetus is viable. Cause is usually uncertain (see section 5.2.2 of this module).

5.1.2 Rationale for providing postabortion care

- to prevent maternal mortality and morbidity from unsafe abortion

- by conservative estimates, worldwide, 20 million unsafe abortions occur each year; 80,000 women die each year as a result of complications following unsafe abortion. Other estimates range as high as 200,000 maternal deaths per year from complications of unsafe abortion.
- to reduce maternal mortality from unsafe abortion locally
 - examples of local indications of need for postabortion care:
 - » statistical (number of abortion cases seen in the hospital weekly, monthly or yearly)
 - » common age groups; problems encountered in caring for postabortion clients
 - » anecdotal (crowded waiting, treatment, or recovery areas, more than one woman per bed)
 - » other indications generated by trainers and trainees, e.g., to contribute as a health team towards a safe motherhood program.
- to improve women's health by offering an essential obstetric function to treat complications of abortion (spontaneous and unsafely induced)
 - at least 15% of all recognized pregnancies end in spontaneous abortion, most in the first trimester. Many of these do not require any medical attention.
- to reduce unwanted pregnancy through postabortion FP
 - offer FP services to an underserved population at risk of unwanted pregnancy
 - improve use of contraceptive methods for women who have had a method failure, used a method incorrectly, been unable to secure resupply, discontinued a method because of problems with it, etc.
- to support improved overall RH by helping women have access to existing RH services
- to provide an opportunity for educating clients and community on the postabortion services available to them and benefits as part of maximizing access to and quality of care (MAQ)

5.1.3 *Services included in postabortion care*

- emergency treatment of incomplete abortion and potentially life-threatening conditions (see section 5.5 in this module)
 - initial assessment to confirm the presence of incomplete abortion and/or complications
 - discussion with the woman regarding her medical condition and treatment plan
 - brief medical evaluation
 - prompt referral and transfer if the woman requires treatment beyond provider's skill or facility's capacity
 - uterine evacuation to remove retained products of conception (POC)

- treatment of other existing complications (sepsis, hemorrhage, internal injuries)
- postabortion FP services (see section 5.11 in this module)
 - discussion of individual factors leading to unwanted pregnancy
 - FP counseling
 - method provision
- assistance gaining access to other RH and social services as necessary
 - helping the woman use the FP and RH services that are available, such as a follow-up visit after treatment for incomplete abortion; sexually transmitted infection (STI) screening and treatment; support services for victims of domestic violence, incest or rape; prenatal care; and maternal and child care

5.1.4 *Elements of essential obstetric care for spontaneous abortion and for complications of unsafely induced abortion*

(see Maternal Health and Safe Motherhood Programme, Division of Family Health: *Care of Mother and Baby at the Health Centre: A Practical Guide*)

- at the community level
 - education about FP and the dangers of unsafe abortion
 - promotion of FP, provision of some methods and referral for a full range of methods
 - recognition of the signs and symptoms of incomplete abortion
 - referral and safe transfer to the nearest health care facility when needed
- at primary facilities or FP clinics with trained staff and proper equipment
 - all of the elements listed for the community level, and assessment of the stage of abortion
 - for threatened abortion: advising rest, fluids, observation and review
 - for incomplete abortion:
 - » removal of POC during examination
 - » basic treatment for shock, if present
 - » antibiotic treatment, if signs of infection or suspicion of unsafe abortion
 - » manual vacuum aspiration (MVA) (see Glossary in User's Guide)
 - » treat anemia, if it is identified
 - » tetanus toxoid, if not up to date or not previously given (ensure education on benefits and need for initial and booster injections to continue effectiveness)
 - refer women as needed
 - » for incomplete abortion, if:
 - ◆ unable to perform MVA
 - ◆ second trimester (uterus is larger than a 12-week pregnancy)

- ◆ sepsis
- ◆ trauma (intra-abdominal injury)
- ◆ signs of uterine perforation
- » for all missed abortions
 - before sending the woman to another facility, some of the following steps may be needed:
- » give oxytocics
- » treat shock
- » treat infection
- » family members may need to be available if it is likely that blood transfusion will be needed
- » refer to local guidelines, where they exist, on these issues

5.1.5 *Rationale for providing MVA for emergency treatment of incomplete abortion and potentially life-threatening conditions*

- effectiveness 98% or greater (effectiveness defined as complete evacuation of the uterus)
 - 19 studies evaluating over 5,000 procedures for incomplete abortion in 12 countries reported effectiveness as ranging from 93 to 100%
 - 62 studies of over 405,000 clinical cases in over two dozen countries reported effectiveness to be 98% or higher
- safer than dilation and curettage (D&C)
 - lower rate of excessive blood loss
 - lower rate of pelvic infection
 - less cervical or uterine injury (including less uterine perforation)
- benefits of performing MVA at the health center or FP clinic
 - improves women's access to services (closer to where they live)
 - reduces delay in receiving treatment
 - decreases number of cases that must be referred
- benefits of MVA over traditional D&C method
 - risk of complications is reduced
 - need for higher levels of anesthesia is reduced
 - non-doctors can perform the procedure
 - operating theater facilities not required
 - can be made available more widely increasing women's access to care
 - cost of providing services can be reduced

SKILLS**5.1 Communicating the benefits and elements of PAC during assessment, treatment and counseling of clients:**

- conducting initial and complete clinical assessment (part of Tools 5-a: Performing an initial assessment for PAC and 5-b: Performing a complete clinical assessment for PAC)
- making decisions about treatment and referral (part of Tools 5-a and 5-b)
- providing appropriate treatment and ensuring an integrated RH approach to treatment of incomplete abortion (part of Tools 5-c: Implementing pain management and 5-d: Preparing for and performing the MVA)
- counseling clients needing PAC, postabortion FP and referral for other RH or social services (part of Tools 5-e: Providing postabortion FP counseling, 1-a: Using interpersonal communication skills, 1-b: Counseling the client to make an FP/RH decision, and Tools in Module 3 on providing FP services; see also Module 4 for maternal care and Module 6 for STI screening/treatment and domestic violence)

MAJOR TASK 5.2

Apply knowledge of the physiology of abortion during the management of incomplete abortion.

KNOWLEDGE**5.2 Physiology of abortion****5.2.1 Definitions of stages of abortion** (see Glossary in User's Guide)

- management of abortion based upon the identification of the stage of abortion. The stages are defined below. Knowledge is applied during the initial and complete clinical assessment.
 - **threatened abortion:** bleeding and/or cramping during pregnancy without dilation of the cervix. Threatened abortion may resolve or may progress to loss of the pregnancy.
 - **inevitable abortion:** bleeding and/or cramping during pregnancy, as in threatened abortion, with the addition of cervical dilation. Once cervical dilation has occurred, a spontaneous abortion is in progress.
 - **incomplete abortion:** bleeding and/or cramping with cervical dilation and expulsion of part, but not all, of the pregnancy tissue (retained products of conception). Incomplete abortion may be diagnosed either as the result of a spontaneous abortion or as the result of an attempt to terminate the pregnancy.
 - **complete abortion:** expulsion of all of the products of conception from the uterus.
 - **missed abortion:** fetus dies with delayed expulsion of the tissue. With missed abortion, the uterus does not increase in size and may decrease in size because the fetus is not growing. Retention of this tissue may cause problems with blood clotting.

5.2.2 *Causes of spontaneous abortion*

- spontaneous abortion occurs frequently, primarily during the first trimester of pregnancy.
- abnormal development of the embryo causes many first trimester spontaneous abortions.
- systemic and genital infections may be related to spontaneous abortion. These include malaria, syphilis, systemic tuberculosis, Chagas disease, rubella virus, cytomegalovirus, herpes simplex virus, Chlamydia, Mycoplasma, Toxoplasma gondii, Listeria, and Brucella.
- other factors: maternal chronic diseases, hormonal causes, environmental toxins, dietary causes, anatomic abnormalities, and pregnancy occurring with intrauterine contraceptive device (IUD) in place.
- in many, or most, cases there is no specific known cause.
- if a woman has had several spontaneous abortions, or has a condition such as malaria, she should be further evaluated and treated as indicated.

SKILLS

5.2 Identifying the stage and possible cause of a client's spontaneous abortion and using this information during client care:

- initial clinical assessment, complete clinical assessment, and determination of treatment plan (part of Tools 5-a: Performing an initial assessment for PAC and 5-b: Performing a complete clinical assessment for PAC)
- counseling and offering reassurance to women with spontaneous abortion (part of Tools 5-a, 5-b, 5-c: Implementing pain management, 5-d: Preparing for and performing the MVA)
- identifying conditions needing further assistance and treatment (part of Tools 5-a, 5-b, 5-d)

MAJOR TASK 5.3

Apply knowledge of the causes of abortion during postabortion counseling and treatment, including referral.

KNOWLEDGE

5.3 Causes of unplanned or unwanted pregnancy and of unsafe abortion

5.3.1 *Social/other causes of unplanned pregnancy* (see section 5.4.2 in this module.)

- no knowledge of FP
- no access to FP methods and services
 - laws and regulations that deny access to FP for unmarried women, adolescents or other groups
 - FP services not locally available

- FP services or commodities too costly
- mistrust/lack of confidence in safety or effectiveness of available methods
- contraceptive failure
 - method failure
 - unacceptable method
 - unacceptable side effects
 - lack of access to commodities needed for continued use
 - partner's unwillingness to use
 - objection from family members
- unplanned intercourse
 - peer or partner pressure
 - rape, incest, violence
 - women's lack of power to make decisions about sex, health and FP
 - new partner
 - first intercourse ever
 - lack of family life education in schools, families, communities
- denial of sexual activity
- embarrassment to talk to partner or FP worker about sexual activity and desire to avoid pregnancy
- unique situations in the lives of individual women

5.3.2 *Some potential factors in deciding to end the pregnancy* (see section 5.4.2 in this module)

- family cannot support more children (or a child)
- individual cannot support more children (or a child)
- inability to continue education if the woman has a child
- concern about the impact of having more children on the lives of other children in the family
- desire to wait until later to have a child (child spacing)
- fear of ostracism or the social consequences of having a child
- pressure from sex partner to end the pregnancy
- pregnancy resulting from rape or incest
- human immunodeficiency virus (HIV) status
- unique situations in the lives of individual women

5.3.3 *Methods used for unsafe abortion*

- insertion of sticks, roots, catheters, etc. into the uterus
- placement of chemical, herbal, or commercial solutions into the vagina or uterus
- massage
- falls, jumps, attempts to cause abdominal injury
- poisons
- medicines (oral, injection, other)
- domestic violence may cause loss of a pregnancy
 - the woman may be beaten or pushed in an attempt to end a pregnancy
 - violence against women may cause an unintended loss of pregnancy
- others as seen locally

SKILLS

5.3 **Identifying the cause(s) of a client's unsafe abortion and using this information during client care when:**

- performing initial and complete clinical assessment (part of Tools 5-a: Performing an initial assessment for PAC and 5-b: Performing a complete clinical assessment for PAC)
- providing appropriate treatment (part of Tools 5-a, 5-b, 5-c: Implementing pain management, 5-d: Preparing for and performing the MVA)
- identifying potential for developing infection, e.g., if non-sterile instrument was inserted into uterus (part of Tools 5-a, 5-b, 5-d)
- counseling women regarding their individual use of FP postabortion (part of Tools 5-d, 5-e: Providing postabortion FP counseling)
- identifying need for other RH care or social services (part of Tools 5-a, 5-b, 5-d, 5-e)

MAJOR TASK 5.4

Use effective, interpersonal communication skills during all phases of postabortion care.

KNOWLEDGE

5.4 **Guidelines for effective interpersonal communication between providers and women with abortion**

(see Module 2; Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 2; and PCS: *Put Yourself in Her Shoes*, video)

5.4.1 *Women who seek postabortion care and their characteristics*

- who they are
 - any woman or girl of reproductive age may seek help for a spontaneous abortion
 - any woman or girl of reproductive age may have an unwanted, unplanned, mistimed or problem pregnancy leading to unsafe abortion
- potential characteristics that may affect client/provider interaction and need for care and follow-up
 - women seeking PAC will often be stressed, anxious, afraid, in pain
 - many may not want to talk about their condition
 - some may have waited a long time or traveled a great distance to find help
 - some may be in serious physical condition
 - the effect of abortion complications on each individual woman will depend on her unique personal needs and her psychological and social situation.

5.4.2 *General guidelines for establishing and maintaining communication*

- identify own feelings about helping women with incomplete abortions and the situations that lead women to need medical advice or care (see sections 5.3.1 and 5.3.2 in this module)
 - values and beliefs
 - behaviors and attitudes
 - » non-judgmental
 - » respectful
 - » health care point of view
- be supportive, respectful, empathetic
 - from the first contact
 - before, during and after examinations and treatment
- preserve confidentiality
- obtain consent for needed medical treatment if the woman is able to give it
- ensure privacy
- express concern appropriately

5.4.3 *Give the woman information about:*

- how you can help her or, if you cannot, who can (e.g., assessment, treatment/referral, follow-up; see also potential problems for which to find solutions in section 5.3.1 in this module)
- her overall physical condition
- the results of her physical and pelvic examinations and any laboratory tests
- the time frame for treatment

- the reason for referral and transport if this is required
- the procedures to be used as well as the risks and benefits

5.4.4 *Allow the woman to talk about her individual situation and needs, and listen to her concerns*

- express concern for her situation, physical condition, and feelings
- did she want to be pregnant?
- is she feeling stressed or in pain?
- is there someone with her or someone at home who can be supportive?
- is her partner with her or would she like to have him (or a friend or family member) with her?

SKILLS

5.4 Establishing and maintaining effective interpersonal communication between provider and women with abortion (see Tool 1-a: Using interpersonal communication skills and other guidelines in Module 1, section 1.1 and section 5.4 of this module)

MAJOR TASK 5.5

Assess the client's medical needs, including initial assessment and complete clinical assessment (medical history and examinations).

KNOWLEDGE

5.5 Assessment for postabortion care needs

(see Module 3, section 3.6; Tool 3-b: Conducting a RH history; and Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 3)

5.5.1 *Initial assessment of symptoms that may indicate an abortion*

- for any woman or girl of reproductive age who seeks medical advice or help for any of the symptoms listed here, consider abortion a possible diagnosis
 - a missed period (delayed menstrual bleeding – more than a month)
 - vaginal bleeding
 - cramping or lower abdominal pain
 - passage of pregnancy tissue
 - unexplained fever, chills
- these symptoms may indicate any stage of abortion. Determining the stage of abortion requires examinations covered later in this module.

5.5.2 *Initial assessment: signs and symptoms of incomplete abortion complications* (see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving the Quality of Care*, Appendix A)

- signs of shock: fast, weak pulse; low blood pressure; pallor (paleness), sweatiness; rapid breathing; unconsciousness; confusion
- signs of severe vaginal bleeding: heavy, bright red vaginal bleeding with or without clots; blood-soaked pads, towels or clothing; pallor, dizziness, or fainting/syncope
- signs of intra-abdominal injury (injury to organs or structures inside the abdomen and beyond the uterus – e.g., perforated uterus or injury to the bowel): distended abdomen; decreased bowel sounds; rigid (tense and hard) abdomen; rebound tenderness; nausea; shoulder pain; fever; abdominal pain
- signs of infection/sepsis: fever; foul-smelling vaginal discharge; lower abdominal tenderness; mucopus from the cervical os; cervical motion tenderness on bimanual examination; history of previous unsafe abortion or miscarriage; lower abdominal pain; prolonged bleeding; general discomfort

5.5.3 *Complete clinical assessment: **medical history***

- if the woman appears to be stable and without serious complications, find out more about her medical history
- present medical history related to incomplete abortion:
 - date of last menstrual period (LMP)
 - current contraceptive method (if any)
 - vaginal bleeding (amount and duration)
 - cramping (amount and duration)
 - fainting (syncope)
 - fever, chills or general malaise
 - abdominal or shoulder pain
 - tetanus vaccination status
 - possible exposure to tetanus (insertion of non-sterile instruments into the uterus)
- other medical information including:
 - drug allergies
 - bleeding and/or clotting disorders
 - chronic medications
 - whether she has taken an herb, medicine or other substance that may cause serious side effects
 - other health conditions

5.5.4 *Complete clinical assessment: **physical examination***

- check and record information about:
 - vital signs
 - general health (malnourished, anemic, bruised, cuts, etc.)
 - lungs, heart, extremities
 - abdominal examination, check for:

- » masses or gross abnormalities
- » distended abdomen with decreased bowel sounds
- » rebound tenderness with guarding
- » tenderness in pelvis and/or lower abdomen

5.5.5 *Complete clinical assessment: pelvic examination*

- follow rules for infection prevention
(see Tool 3-c: Maintaining aseptic conditions during and after sterile procedures in Module 3; and Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 4)
- vulvar examination
 - check for bleeding
 - look for sores or other signs of STIs
 - look for evidence of trauma (for women who have been circumcised, tearing may be present)
- speculum examination
 - check for bleeding
 - check odor of vaginal blood or discharge
 - assess vagina and cervix for tears and bleeding
 - check for signs of infection
 - remove products of conception if you see tissue in the cervical os
- bimanual examination
 - determine the size of the uterus
 - compare actual size of the uterus with expected uterine size according to date of LMP
 - » uterus is smaller in incomplete abortion
 - » uterus is larger (more advanced pregnancy, presence of multiple pregnancies, a uterus filled with blood clots, a molar pregnancy, presence of uterine fibroids)
 - determine consistency of uterus
 - determine position of uterus
 - » anteverted (tilted forward)
 - » retroverted (tilted backward)
 - » laterally displaced (tilted to the side)
 - check for degree of cervical dilation (openness of the cervix)
 - remove products of conception if there is tissue in the cervical os

SKILLS**5.5 Assessing a client's medical needs by:**

- performing an initial assessment of a woman's condition for PAC (see Tool 5-a)
- performing a complete clinical assessment for PAC (see Tool 5-b)

MAJOR TASK 5.6

Determine the stage of abortion and appropriate treatment based on history, signs, symptoms and examinations.

KNOWLEDGE**5.6 Treatment plan for each stage of abortion****5.6.1 *Threatened abortion***

- bed rest and fluids
- observe for:
 - signs of resolution (bleeding slows or stops, cramping stops), or
 - progression to inevitable or incomplete abortion (increased bleeding, cervical dilation, passage of tissue)

5.6.2 *Inevitable abortion*

- MVA

5.6.3 *Incomplete abortion*

- MVA

5.6.4 *Complete abortion*

- observe for:
 - normal recovery (decreasing bleeding and cramping)
 - signs of complications (infection, etc.)
- MVA most likely NOT required

5.6.5 *Missed abortion*

- MVA done at a facility with surgical back-up, usually at first referral level
- treatment for complications (including blood clotting problems) if needed

SKILLS

- 5.6 Determining treatment plan based on stage of abortion** (part of Tools 5-a: Performing an initial assessment for PAC and 5-b: Performing a complete clinical assessment for PAC)

MAJOR TASK 5.7

Appropriately refer and transport a client needing treatment not available in the clinic.

KNOWLEDGE

5.7 Referral and transport considerations

(see Module 7 and Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 10)

5.7.1 *Prompt referral*

- when a woman cannot be treated where she seeks care, prompt referral is important to her full recovery

5.7.2 *Standing arrangements for referral and transport*

- prior identification of referral facility
- prior identification of available transportation means

5.7.3 *Stabilization for referral*

- management of airway, respiration and circulation
- control of bleeding
- intravenous (IV) fluid replacement
- pain management

5.7.4 *Preparation for transport*

- keep the woman warm, with her feet elevated
- have someone accompany her to maintain IV therapy if it was initiated

5.7.5 *Sending a case summary along with the woman*

- immediate and past history of presenting condition
- physical condition
- actions taken so far
- other relevant information

SKILLS

- 5.7 Referring and transporting a client needing treatment not available in the clinic**
(part of Tool 5-a: Performing an initial assessment for PAC)

MAJOR TASK 5.8

Provide pain management, as appropriate.

KNOWLEDGE**5.8 Techniques and medications for pain management**

(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 5)

5.8.1 *By type of provider*

- community-based providers
 - some oral analgesia (aspirin, acetaminophen, ibuprofen) may be given to women who are referred from a community provider to a health center or other facility.
 - if these medicines are given, the referral center should be informed as they may hide symptoms such as pain or fever.
- clinical FP providers (working at health centers or FP clinics)
 - measures listed above, and
 - can be trained in the use of local anesthesia (paracervical block) for treatment of incomplete abortion with MVA

5.8.2 *Issues in pain management for MVA procedures*

- balance easing pain with the risk involved
- types of pain
 - a deep intense pain from cervical dilation and stimulation of the internal cervical os
 - general lower abdominal pain with cramping
- complications can create additional pain
- other issues
 - capability of facility
 - medication availability and cost

5.8.3 *Techniques and medications of pain management for MVA*

- always handle instruments gently, with confidence, efficiently and without jerky or quick movements
- always offer verbal reassurance and support (so-called verbal anesthesia or verbacaine)
 - establish and maintain a positive, supportive relationship with the woman
 - comfortably and openly talk with the woman throughout the procedure
 - explain each step of the procedure before performing it and, allow a few seconds for the woman to feel prepared if she needs to

- local anesthesia (paracervical block)
 - lidocaine, procaine
 - sites for injection
 - minimum effective dose, never exceed maximum adult dose
 - aspirate before each injection
 - toxic or allergic reaction (observe carefully and treat promptly)
- other medications
 - diazepam or narcotic analgesia given for the MVA procedure
 - aspirin or acetaminophen during recovery and after returning home

SKILLS

5.8 Managing a client's pain (see Tool 5-c: Implementing pain management)

MAJOR TASK 5.9

Treat incomplete abortion, using MVA and post-procedural care.

KNOWLEDGE

5.9 Treatment of incomplete abortion

(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapters 6 and 7; and Yordy L, et al: *MVA Trainer's Handbook*)

5.9.1 The MVA procedure

- mechanism of action (how the instruments work)
- selection of cannula size
- determination of patient eligibility for MVA based on her uterine size
- precautions prior to performing MVA
 - serious complications
 - history of blood or clotting disorder and/or severe anemia
 - uterine size by pelvic examination greater than 12 weeks LMP
- preparing MVA instruments
- counseling/educating the client and, if present, relatives or partner
- preparing the patient, including pain management
- steps for performing MVA (see Tool 5-d: Preparing for and performing the MVA)
- handling female circumcision issues, if present
 - as it affects instrument use and the procedure
 - regarding woman's wishes

- handling instrument problems
- examining the tissue or products of conception
- ensuring infection prevention

5.9.2 *Postoperative care*

- monitor the patient's recovery
- provide postoperative patient information (to the woman and if she wishes, to the woman's partner or someone who has come with her)
 - normal recovery
 - » some uterine cramping
 - » some spotting or bleeding
 - return of normal menses in 4 to 8 weeks
 - symptoms that are warning signs of complications
 - » prolonged cramping (more than a few days)
 - » prolonged bleeding (more than two weeks)
 - » menstrual bleeding more than normal
 - » severe or increased pain
 - » fever, chills or malaise
 - » fainting (syncope)
 - where to go for medical attention if she has warning signs of complications
 - advise not to have intercourse or put anything into the vagina until bleeding stops
- provide FP information (to the woman, and her partner, if the woman wishes)
 - AT LEAST THE FOLLOWING INFORMATION:
 - » can get pregnant again within two weeks; need to use a contraceptive method from the first time intercourse occurs if she doesn't want to become pregnant again
 - » safe effective contraceptive methods are available
 - » where and how to get FP services and other RH services
 - full counseling for method use, if possible (see section 5.11 in this module and Module 3: Providing FP services)
 - counseling regarding interim use of a method such as condoms if FP method counseling and initiation of a method is not possible.
- schedule a visit for follow-up or refer, as appropriate
 - to check woman's physical recovery including uterine size
 - for FP needs
 - for other RH needs, if needed
 - for social services, if needed

5.9.3 *Potential post-procedural problems*

(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 7, Appendices A and B)

- inadequate tissue (less than expected or no products of conception [POC]) could indicate:
 - incomplete evacuation and retained POC
 - all POC passed before the MVA
 - vaginal bleeding not due to pregnancy
 - ectopic pregnancy
- other potential problems (see Glossary in User's Guide for some of the terms below)
 - postabortal syndrome
 - fainting/vomiting
 - uterine perforation
 - cervical perforation
 - postabortion infection
 - intra-abdominal injury (for example, damage to the bowel)
 - air embolism

SKILLS

5.9. Treating incomplete abortion using MVA (see Tool 5-d: Preparing for and performing the MVA)

MAJOR TASK 5.10

Use infection prevention measures to maintain MVA instruments and other items.

KNOWLEDGE

5.10 Steps for processing instruments and other items for infection prevention

(see Module 3; and Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 8)

5.10.1 *Four basic steps*

- decontamination
 - soak instruments in 0.5% chlorine solution for 10 minutes
 - wipe examination tables with disinfectant
- cleaning (wear gloves)
 - wash in lukewarm water with liquid detergent and rinse
 - take instruments apart and do not splash the water

- sterilization/high-level disinfection (HLD)
 - when sterilization is not available or suitable, HLD is the ONLY alternative for instruments that contact the bloodstream
- storage
 - handling sterile or HLD instruments

5.10.2 *The MVA cannulae*

- contacts the uterus; therefore, it must be sterile or undergo HLD when used to protect the woman
- are contaminated by contact with blood and body fluids during use; therefore, they must be decontaminated immediately after use to protect staff who handle them
- use glutaraldehyde, boiling, or chlorine for HLD
- steam or dry heat should NOT be used on cannulae

5.10.3 *The MVA syringe (all parts)*

- does not contact the uterus or bloodstream; sterilization or HLD is NOT required
- are contaminated by contact with blood and body fluids during use; therefore, they must be decontaminated immediately after use to protect staff who handle them
- scrub and wash with detergent, rinse and air dry
- steam or dry heat should NOT be used on the MVA syringe

5.10.4 *Other instruments*

- reusability criteria are determined according to standard criteria
- process according to standard guidelines

SKILLS

- 5.10 Processing MVA instruments using infection prevention measures** (see Tool 3-c: Maintaining aseptic techniques during and after sterile procedures and guidelines in *Postabortion Care: A Reference Manual for Improving Quality of Care*, chapter 8: Processing MVA equipment and other items)

MAJOR TASK 5.11

Provide postabortion FP counseling and services.

KNOWLEDGE

5.11 Postabortion family planning

(see Module 4; Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 9; and Yordy L, et al: *MVA Trainer's Handbook*, Module 8)

5.11.1 *Factors limiting provision of FP services following emergency PAC*

- provider misconceptions about appropriate methods
- providers of emergency PAC may not see postabortion FP as their responsibility
- emergency PAC and FP services may not be coordinated (e.g., FP may be offered on a different day)
- women may not know where FP services are available and/or may not realize that their fertility will return soon

5.11.2 *Effect of medical conditions on method selection*

(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Table 9-3)

- no complications
- confirmed or presumptive diagnosis of infection
- injury to genital tract
- severe bleeding (hemorrhage) and related severe anemia
- second trimester incomplete abortion

5.11.3 *Method use*

- most methods can be used immediately PA
- estrogen is not contraindicated
- issues specific to each method

5.11.4 *Individual factors for women who have had incomplete abortions, and counseling recommendations and rationales*

(see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Table 9-1)

- woman's desire to become pregnant soon or to avoid becoming pregnant
- emotional and physical state (under stress or in pain, etc.)
- FP history
 - has ever used FP
 - became pregnant while using a contraceptive method

- » method failure
 - » incorrect use of method
 - » problems with resupply for temporary method
- had stopped using a method
- partner’s willingness to use condoms or other method
- other partner or family issues regarding method use
- counseling women who wish to become pregnant again soon
 - women who have had repeated spontaneous abortions
 - referral for assessment of problems in carrying a pregnancy to term

5.11.5 *Family planning counseling for postabortion clients* (for general counseling guidelines, see Module 1; and Winkler J, Leonard A: Family Planning Following Postabortion Treatment. *Advances in Abortion Care*)

- important positive attitudes for persons who counsel
 - able to accept the decisions that a woman has made without prejudice
 - » termination of pregnancy
 - » childbearing
 - » sexual behavior
 - open to hearing and addressing the situations that could lead an individual woman to have a repeat unwanted pregnancy and abortion
 - able to feel concern for individual women who need treatment for incomplete abortion and able to remain detached enough to help them
 - desire to help women avoid having a repeat unwanted pregnancy and abortion
- interpersonal skills
 - FP/RH counseling skills (see Module 1, section 1.2.7)
 - verbal and non-verbal communication skills (see Module 1, section 1.1.4)
 - able to express concern and understanding in a way that helps communication (empathy)
 - communicating with women when they are sick, stressed, in pain
 - encouraging women who are initially hesitant to talk
 - listening to what women want
 - responding to the woman’s unique needs and preferences
 - GATHER model adapted (see Winkler J, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Table 9-2)
 - » focus on responding to woman’s individual situation and needs
 - » give the woman a manageable amount of information
 - » use dynamic and interactive counseling techniques

- content
 - if woman wants to become pregnant soon
 - » no method information needed
 - » possible referral for prenatal care or fertility work up
 - key information for all women who do not want to become pregnant soon
 - » fertility resumes as early as two weeks after abortion, and the woman can become pregnant very soon
 - » effective methods of FP are available
 - » how to obtain FP services later, after leaving the facility
 - address problems with FP use
 - » specific problems woman has with using a method
 - » concern about side effects
 - » method discontinuation issues
 - » offer to help the woman change methods if she wants
 - for women who have a preferred method
 - » how it works
 - » advantages, disadvantages; most common side effects
 - » that there are other effective methods
 - » information about other methods if the woman wishes
 - standard information if the woman has no preferred method (see Module 3: Providing family planning services)
 - » do not give more information than needed
 - for women who must delay or prefer to delay initiating a method of choice
 - » information about interim use of a temporary method such as condoms
- issues concerning free and informed choice in postabortion FP
 - may be difficult if the woman is stressed, afraid, in pain
 - may be best to delay permanent or long-term decisions
 - private space may not be available
 - include the woman's partner, if she wishes

SKILLS

5.11 Providing postabortion FP counseling (see Tool 5-e: Providing postabortion FP counseling) and services (see Tools in Module 3: Providing FP services)

MAJOR TASK 5.12

Identify women who need postabortion care when they are seen for other RH services, and provide appropriate care.

KNOWLEDGE**5.12 PAC within other RH services****5.12.1** *The need to address abortion-related health care may be discovered by the provider:*

- after education of clients on the availability of PAC services in the integrated RH service site
- during medical history-taking (FP, prenatal, other)
- during physical/pelvic exam
- during a health care talk or informal conversation
- at a FP follow-up appointment
- when a woman seeks help for rape, incest, domestic violence
- when a woman seeks emergency contraceptive (EC) services
- when a woman seeks advice for a contraceptive failure
- when a woman seeks advice because she suspects she might be pregnant
- when a woman seeks advice about an unwanted pregnancy
- when woman seeks advice or care for bleeding during pregnancy
- when a woman seeks treatment for injury
- when a woman seeks treatment for complications following her PA treatment
- when a woman seeks screening and treatment for STIs, including HIV/AIDS
- when a woman comes in with an unrelated health care problem

5.12.2 *Actions that may be required:*

- provider initiates discussion on the need for PAC using counseling skills (see Tool 1-b: Counseling the client to make an FP/RH decision)
- assessment (history, physical exam, pelvic exam, pregnancy test); similar to postpartum assessment (see Module 4: Providing maternal and newborn care services), and includes counseling for and provision of appropriate FP, education on STI and HIV/AIDS risk and prevention
- treatment of postoperative complications (excessive bleeding, infection/sepsis, retained tissue)
- treatment of incomplete abortion
- discussion of available options for unintended or unwanted pregnancy
- emotional or psychological support, if needed
- referral for legal induced abortion services allowed by local legislation

- treatment of a condition that affects ability to carry pregnancy to term
- treatment or referral for STIs
- referral for other RH services
- referral for social services (e.g., for women who are victims of rape, incest and/or domestic violence)

SKILLS

5.12 Identifying and providing care to women needing PAC when seeking other RH services, for example:

- counseling and referring clients for related RH or social services (see Tool 1-b: Using interpersonal communication skills)
- other services provided, and the Tools used to assess the skills, depend on the clients' individual needs (see section 5.12 in this module for guidance)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 21 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to provide PAC services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 1 through 16) and those that require the trainee to solve a problem which they will likely encounter on the job (for example, questions 17 through 21). These 21 questions do not cover all of the knowledge in Module 5. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Answers to the Knowledge Assessment Questions follow.

1. List the three elements of postabortion care.
 - a. _____
 - b. _____
 - c. _____

2. List three signs and symptoms that may indicate that a woman has had a spontaneous or unsafe abortion.
 - a. _____
 - b. _____
 - c. _____

3. Check (✓) the symptom(s) that are typically associated with threatened abortion.

a. vaginal bleeding during pregnancy	()
b. dilated cervix	()
c. headache	()
d. lower abdominal pain	()
e. no menstrual period for more than 4 weeks	()
f. tissue passed from the uterus.	()

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4. Check (✓) the symptoms that are typically associated with inevitable or incomplete abortion.
- a. vaginal bleeding during pregnancy ()
 - b. dilated cervix ()
 - c. headache ()
 - d. lower abdominal pain ()
 - e. no menstrual period for more than 4 weeks ()
 - f. tissue passed from the uterus. ()
5. List three things that a counselor can do to encourage open communication with women who have had an unsafe abortion.
- a. _____

 - b. _____

 - c. _____

6. List the appropriate treatment steps for the following conditions:
- a. incomplete abortion: _____

 - b. inevitable abortion: _____

 - c. threatened abortion: _____

7. Check (✓) the services that can be offered where **you** provide health care.

- a. Identify the signs and symptoms that may indicate an incomplete abortion ()
- b. Remove products of conception if they are visible in the cervical os ()
- c. Refer woman with an incomplete abortion to a health care facility ()
- d. Perform manual vacuum aspiration to treat incomplete abortion ()
- e. Perform examinations to identify life-threatening conditions associated with incomplete abortion ()
- f. Begin initial treatment of shock ()
- g. Begin initial treatment of sepsis ()
- h. Counsel women about postabortion FP ()
- i. Inform women about the health risk of unsafe abortion. ()

8. If you will be providing paracervical block, explain where to give the injections:

9. Number the steps below in the correct order that they should be performed in using MVA to treat incomplete abortion:

- _____ a. transfer the vacuum to the cannula and uterus by releasing the valve or valves on the syringe
- _____ b. introduce the cannula through the internal os and attach the cannula to the syringe
- _____ c. administer a paracervical block if needed
- _____ d. move the cannula back and forth while rotating it
- _____ e. inspect the tissue in the syringe
- _____ f. dilate the cervix, if necessary
- _____ g. establish the vacuum on the syringe
- _____ h. insert the speculum.

10. List three factors that affect counseling for informed choice about FP after an abortion.

- a. _____
- b. _____
- c. _____

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11. Describe the instructions for follow-up care that should be given to women who have MVA.

a. Normal recovery:_____

b. Signs and symptoms that the women should watch for and seek medical care for if they occur:_____

12. List three simple measures that a community health worker (without access to specialized medical supplies) can do to help a woman who must be transferred to a health center for treatment of a serious complication such as severe vaginal bleeding.

a. _____

b. _____

c. _____

13. List the three essential pieces of information about FP that any woman treated for incomplete abortion should understand before she is discharged.

a. _____

b. _____

c. _____

14. Check (✓) the individual factors that a counselor may need to address in order to help a woman who has had an unsafe abortion use FP effectively.

- a. Woman's experience with contraceptive failure ()
- b. Stress, anxiety or pain about the incomplete abortion ()
- c. Woman may need a referral to go somewhere else for FP follow-up ()
- d. Possibility that the woman wants to become pregnant soon ()
- e. Partner or family member's feelings about using FP ()
- f. Woman's experience with side effects of a method ()
- g. Woman's preference for a method ()
- h. Necessity to fully inform women about all methods at this time ()
- i. Complications of abortion that currently make the woman ineligible to receive a given method ()
- j. Necessity of avoiding methods containing estrogen after abortion ()
- k. Need for a temporary method until she can get the method of her choice ()
- l. Woman's risk of STI ()
- m. Need to confirm that the woman is not pregnant ()

15. Describe the steps in processing the MVA syringe for reuse if it will be reused.

16. Describe how the MVA cannulae should be processed, between patients, if they will be reused.

17. A 14 year old girl asks for your help because she has had lots of bleeding and her belly is hurting. You quickly check for signs of shock (pulse, blood pressure, color and breathing). She is very anxious but seems to be thinking clearly. When you ask her about the history of her condition, she gives you the following information:

- she thinks her last period was around two or three months ago
- bleeding started four days ago and is getting heavier (she has soaked through six rags already this morning)
- she is experiencing pain and dull cramping in the lower abdomen with no shoulder pain

You suspect incomplete abortion.

a. What would you look for in the general physical examination?

b. Explain what you would do in the pelvic examination.

18. You have just completed an MVA procedure that went very well. Before the woman leaves the room you inspect the products of conception, strain the blood and rinse the tissue. When you inspect the tissue you find only a small amount of villi or decidua.

a. What possible explanations do you suspect?

b. What step should you take immediately, while the woman is still on the exam table, to manage the case?

c. If you are unable to collect more tissue, what steps would you take?

19. A 28 year old married woman comes into the clinic and explains that she is having a spontaneous abortion. You check that she is not in shock, take her medical history, perform the physical and pelvic exams. She has no fever. Her last menstrual period started 14 weeks ago but she keeps getting confused about her present condition, how long she has been bleeding, and so forth. Your findings on the pelvic exam are that the uterus is 8 weeks size and the cervix is open with tissue in the os. You notice a small laceration on the cervix that is oozing slightly.

- a. Can this woman's condition be treated with MVA?
- b. Explain why MVA *is* or *is not* appropriate and if any medications or procedures are needed.

20. A woman was treated with MVA for incomplete abortion. During the speculum exam, lacerations were found on the woman's upper vagina and cervix. She has no fever and reports that she has had a spontaneous abortion. She tells you that she does not want to be pregnant and that she wants to have an IUD inserted before she leaves.

- a. Would you give her the IUD? Explain your answer and next steps you would take.

- b. What factor affects your advice to her about the IUD?

21. A very worried woman asks a health worker to give her a shot or some herb tea that will help her become pregnant. The health worker knows that the woman has two young children, one less than a year old, so she talks to the woman about family planning. How many children does she want? When does she want more children? Does her husband want more children? Has she been trying to get pregnant? How would she feel about waiting until the youngest child is older before getting pregnant again?

Eventually, the woman tells the worker that she does not really want another child until her youngest child can walk. But she is afraid that she will not be able to have another one. At last she tells the health worker about a pregnancy that she lost last month. She mentions that she had to have an operation and that she was told to take medicine for 10 days after she left the hospital. She never took the medicine because she did not want anyone to find out.

- a. What physical conditions should the health care worker check for?

- b. What psychological support could you offer the woman? Give at least 2 responses.

- c. If the woman has no physical problems related to the operation, what family planning counseling, information and methods would you offer?

Answer sheet to the KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (3 points)

The three elements of PAC are:

- a. emergency treatment of incomplete abortion and potentially life-threatening complications
- b. postabortion FP counseling and services
- c. assistance gaining access to other RH and social services as necessary.

Question No. 2 (3 points)

Any three of the following are correct:

Signs and symptoms that may indicate an unsafe abortion (spontaneous or induced) are:

- a missed period (delayed menstrual bleeding more than a month)
- vaginal bleeding
- cramping or lower abdominal pain
- passage of pregnancy tissue
- unexplained fever, chills.

Question No. 3 (3 points)

a, d, e

Question No. 4 (5 points)

a, b, d, e, f

Question No. 5 (3 points)

Any three of the following answers are correct, as are others that the trainer judges to be correct.

- Listen to what the woman has to say and encourage her to express her concerns
- Try not to interrupt
- Let the woman know she is being listened to and understood
- Answer questions directly in a calm, reassuring manner
- Keep the message simple (use short sentences)
- Repeat the most important information
- Avoid using complicated medical terms; use terms she understands
- Use supportive nonverbal communication (nodding, smiling, etc.)

Question No. 6 (3 points)

Treatment steps are:

- a. incomplete abortion -- uterine evacuation (MVA) is required for complete removal of any remaining material in the uterus
- b. inevitable abortion -- same as for incomplete abortion
- c. threatened abortion -- bed rest and fluids for 24 to 48 hours. If the condition gets worse or she develops symptoms including signs of infection, she should be checked immediately; otherwise, she should be checked in 1 to 2 weeks.

Question No. 7 (1 point)

The services that can be provided will vary according to the capability of the facility and the skills of the staff. The information from the World Health Organization included in section 5.1.4 of this module should be used as a guide. Trainers also should take into account local capacity to deliver services.

Question No. 8 (1 point)

To make injections for the paracervical block, inject about 2 ml of the local anesthetic just under the epithelium, not deeper than 2 to 3 mm. Injection sites include 3, 5, 7, and 9 o'clock.

Question No. 9 (8 points)

- a. 6
- b. 5
- c. 3
- d. 7
- e. 8
- f. 4
- g. 1
- h. 2

Question No. 10 (3 points)

Any three of the following factors are correct, as are others that the trainer judges to be correct.

- the woman's physical condition
- the woman's emotional condition
- the woman's individual situation
- difficulties in ensuring privacy for counseling.

Question No. 11 (2 points)

- a. Normal recovery – some uterine cramping over the next few days which may be eased by mild analgesics; some spotting or bleeding which should not exceed a normal menstrual period; a normal menstrual period within 4 to 6 weeks.
- b. Warning of complications (woman needs to seek care) – prolonged cramping (more than a few days); prolonged bleeding (more than 2 weeks); bleeding more than a normal menstrual period; severe or increased pain; fever, chills or malaise (flu-like symptoms); fainting.

Question No. 12 (3 points)

Any three of the following measures are correct:

- make sure the airway is open
- check vital signs
- raise her legs
- keep her warm (cover with blankets)
- check for signs of all complications, including shock.

Question No. 13 (3 points)

- a. fertility returns quickly; she could become pregnant again almost immediately.
- b. modern FP methods are safe and effective and should be used from the first time she has intercourse again if she does not want to become pregnant immediately.
- c. where FP information, services, and counseling are available and how to get them.

Question No. 14 (10 points)

a, b, c, d, e, f, g, i, k, l

Question No. 15 (5 points)

The description should include the following five steps for processing the MVA syringe for reuse:

- decontaminate the syringe (and all instruments) immediately after use
- take the syringe fully apart
- wash the syringe in warm sudsy water and rinse
- air dry the syringe
- reassemble the syringe and store in covered container that will protect it from dust or other contaminants.

The description may also include the following information: The syringe does not have to be sterilized or HLD. It can be disinfected if local protocols require it. Do not disinfect the syringe with heat (autoclaving, dry heat, or boiling) as the valve will be damaged.

Question No. 16 (5 points)

The description should include the following five steps for processing cannula for reuse:

- decontaminate the cannula immediately after use
- wash the cannula in warm sudsy water and rinse
- sterilize or HLD before reuse
- air dry the cannula
- store in a sterile or HLD, covered container.

Question No. 17 (11 points)

- a. You have already checked for shock and severe vaginal bleeding. Now you should check whether there are signs of the following 3 things: intra-abdominal bleeding, infection or sepsis. (3 points)
- b. The answer should include the following things to be checked or done while performing a speculum and bimanual exam:
 - In the speculum exam, check for bleeding, signs of trauma and infection. (3 points)
 - In the bimanual exam, check: the size of the uterus comparing it with the woman's reported time since her last menstrual period; the consistency (soft or firm) of the uterus; the position of the uterus; and the degree of openness of the cervix. (4 points)
 - If you see or feel tissue in the os during either the speculum or bimanual exam, you should remove it. (1 point)

Question No. 18 (7 points)

- a. The answer should include all of the following (4 points):

Less than expected tissue may be a sign of one of the following:

- tissue is left in the uterus and should be removed
 - all of the tissue was passed before the procedure
 - the vaginal bleeding was not due to pregnancy
 - ectopic pregnancy.
- b. While the woman is still on the exam table, repeat the MVA procedure to see if there is more tissue that you missed during the first procedure. (1 point)
 - c. If you are unable to collect more tissue, you would take the following steps (2 points):
 - Bimanual examination to check the uterine size.
 - If you suspect an ectopic pregnancy, quickly refer woman to a facility equipped to further assess and deal with ectopic pregnancy. It should be a facility where surgery can be performed if it is needed.

Question No. 19 (3 points)

- a. Yes.
- b. MVA is appropriate because the uterine size is 8 weeks size which is less than the limit of 12 weeks size. She has signs that may indicate that the abortion was started by inserting an object into the cervix so antibiotics should be given.

Question No. 20 (5 points)

- a. Answer should include the following 4 responses: (4 points)
 - No.
 - You would not give her the IUD at this time because there is a significant risk of developing infection or sepsis.
 - It would be better to wait about 6 to 12 weeks and confirm that there is no infection.
 - Meanwhile, the woman is at risk for pregnancy. She should receive a method to use temporarily until you can be reasonably sure about her infection status. Options include several cycles of pills, an injectable, or a supply of condoms together with information about emergency contraception.
- b. The most important factor affecting the decision about an IUD in this case is that you cannot rule out the possibility of an infection. (1 point)

Question No. 21 (7 points)

- a. By bimanual and speculum exam, check the uterine size and check for any evidence of a continuing pregnancy or infection. Check, or refer the woman to be checked, for any diseases or conditions that might have caused a spontaneous abortion (e.g., malaria). (2 points)
- b. Many answers are possible. The answer should include 2 of the following or any others the trainer judges correct. (2 points)
 - You could reassure her that you will keep anything that she tells you confidential (private between the two of you).
 - You could express concern for what the woman has been through.
 - You could reassure her that if the treatment went well and if any infection is taken care of that she should be able to become pregnant again and have another child when she wants to plan a pregnancy.
 - You could tell her that many spontaneous abortions occur for no specific reason and that they are not the result of anything the woman did wrong.

(answer continued on next page)

Module 5: Providing Postabortion Care Services

- c. The answer should include the following 3 responses. (3 points)
- Tell the woman that she could become pregnant again very soon after losing a pregnancy. If she does not want to become pregnant again soon, she should begin using a method immediately.
 - Any method can be considered.
 - Ask the woman if she has a preferred method but make sure she knows that she has a range of methods to choose from.

GRAND TOTAL: 94 points

CUT OFF: 66 points (70%)

SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when providing PAC services. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They also may be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to provide PAC services. Trainers can create additional tools for other skill areas using the suggested resources below as references.

Module 5 Tools:

- Tool 5-a: Performing an initial assessment of a woman's condition for PAC
- Tool 5-b: Performing a complete clinical assessment for PAC
- Tool 5-c: Implementing pain management
- Tool 5-d: Preparing for and performing the MVA procedure and carrying out post-procedural steps
- Tool 5-e: Providing postabortion FP counseling

Useful Tools from other Modules:

- Tool 1-a: Using interpersonal communication skills
- Tool 1-b: Counseling the client to make an FP/RH decision
- All Tools in Module 3: Providing Family Planning Services

Useful resources for developing other tools (see **References** at the end of this module for the full citations):

For more on processing MVA equipment and other items for postabortion care:

Winkler, et al (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*, Chapter 8

For more on the MVA procedure:

Yordy, et al: *MVA Trainers' Handbook*

Solter C: *Comprehensive Reproductive Health and Family Planning Training Curriculum, Module 11: MVA for Treatment of Incomplete Abortion*, forthcoming

Skills Assessment Tool 5-a

**PERFORMING AN INITIAL ASSESSMENT
OF A WOMAN'S CONDITION FOR POSTABORTION CARE**

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19 _ _

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-a (continued)

**PERFORMING AN INITIAL ASSESSMENT
OF A WOMAN'S CONDITION FOR POSTABORTION CARE**

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Makes an initial assessment of a woman who may have an incomplete abortion.	8		6		
TOTAL	8		6		

Skills Assessment Tool 5-a (continued)

**PERFORMING AN INITIAL ASSESSMENT
OF A WOMAN'S CONDITION FOR POSTABORTION CARE**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 1: Makes an initial assessment of a woman who may have an incomplete abortion.

	2	1	0	Comments
1.1 Greet the woman in a friendly way.				
1.2 *Identifies possible incomplete abortion by asking about LMP, vaginal bleeding, cramping, passage of tissue.				
1.3 *Assesses for shock and other life-threatening conditions (hemorrhage, sepsis/infection, injury to internal organs).				
1.4 *If complications are suspected, a. begins treatment if appropriately trained <i>OR. . .</i> b. refers. <i>OR. . .</i>				
1.5 *If complications are stabilized, a. continues assessment, if provider is trained to provide MVA: <i>OR . . .</i> b. if not able to provide MVA: – refers to an appropriate facility – helps arrange transport if needed – sends information about the woman's condition to the facility where she will be treated – gives medication for pain if needed (acetaminophen, paracetamol, ibuprofen), and – accompanies woman to facility if needed.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-b

**PERFORMING A COMPLETE CLINICAL ASSESSMENT
FOR POSTABORTION CARE**

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19 _ _

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-b (continued)

**PERFORMING A COMPLETE CLINICAL ASSESSMENT
FOR POSTABORTION CARE**

SUMMARY OF SCORES ATTAINED

Tasks	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Takes medical history for incomplete abortion.	24		22		
2. Performs appropriate physical examinations.	16		10		
3. Prepares the room, equipment and materials for examinations and MVA.	18		16		
4. Prepares the woman for the examinations and MVA.	10		4		
5. Makes aseptic preparations for MVA.	8		8		
6. Inspects vulva.	6		6		
7. Performs a speculum exam.	16		14		
8. Performs a bimanual examination.	14		12		
TOTAL	112		92		

Skills Assessment Tool 5-b (continued)

**PERFORMING A COMPLETE CLINICAL ASSESSMENT
FOR POSTABORTION CARE**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 1: Takes medical history for incomplete abortion.

	2	1	0	Comments
1.1 Explains the purpose of the medical history.				
1.2 Asks about present condition:				
a. *date of LMP				
b. *vaginal bleeding, duration, amount				
c. *cramping				
d. *tissue passage.				
1.3 *If threatened abortion is identified, advises woman to rest for a few days and to seek help again if bleeding continues or increases.				
<i>OR . . .</i>				
1.4 *If incomplete abortion is identified, finds out about steps that may have been taken to end the pregnancy or start a period (medicine, herbs, insertion of objects in vagina, massage, domestic violence).				
1.5 Asks for additional information:				
a. *reproductive health history				
b. *drug allergies				
c. *tetanus vaccination status				
d. *possible exposure to tetanus				
e. *history of bleeding disorders				
f. *history of STIs.				

POSSIBLE SCORE: 24 points

CUT OFF: 22 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-b (continued)

**PERFORMING A COMPLETE CLINICAL ASSESSMENT
FOR POSTABORTION CARE**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 2: Performs appropriate physical examinations.

	2	1	0	Comments
2.1 Explains the examination procedures to the woman.				
2.2 Checks and records the following:				
a. *vital signs				
b. *general health				
c. *lungs, heart, extremities.				
2.3 *Performs abdominal examination (masses, abnormalities, distended abdomen, bowel sounds, rebound tenderness, tenderness in lower abdomen).				
2.4 *Takes samples of blood or urine for lab tests if indicated.				
2.5 Explains purpose of any required lab tests to woman.				
2.6 Identify signs of violence against the woman, if present.				

POSSIBLE SCORE: 16 points

CUT OFF: 10 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-b (continued)

**PERFORMING A COMPLETE CLINICAL ASSESSMENT
FOR POSTABORTION CARE**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 3: Prepares the room, equipment and materials for examinations and MVA.

	2	1	0	Comments
3.1 *Checks that the examination table, tray and other surfaces in the examination or treatment room are decontaminated and clean.				
3.2 *Arranges all necessary equipment.				
3.3 *Makes sure that a bucket for decontamination of instruments is prepared and in position.				
3.4 Makes sure that MVA instruments are available:				
a. *single or double valve syringe,				
b. *several cannulae of the appropriate size,				
c. *adapters if using double valve syringe, and				
d. *extra syringe.				
3.5 *Makes sure that supplies are ready.				
3.6 Arranges space to ensure privacy for the woman.				

POSSIBLE SCORE: 18 points CUT OFF: 16 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-b (continued)

**PERFORMING A COMPLETE CLINICAL ASSESSMENT
FOR POSTABORTION CARE**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 4: Prepares the woman for the examinations and MVA.

	2	1	0	Comments
4.1 Tells the woman about her condition, the treatment, and the level of discomfort to expect.				
4.2 Asks her to empty her bladder, wash between her legs, take off her under clothing and use a drape for cover.				
4.3 Helps her into the proper position on the exam table.				
4.4 *Gives ANY medications appropriate to the individual woman's situation and ONLY those medications. (Possible medications: antibiotics, diazepam, midazolam, paracetamol, oxytocics, tetanus toxoid, tetanus antitoxin, IV fluids, blood or blood products.)				
4.5 *Allows an appropriate amount of time for medications to take effect before beginning the MVA.				

POSSIBLE SCORE: 10 points CUT OFF: 4 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-b (continued)

**PERFORMING A COMPLETE CLINICAL ASSESSMENT
FOR POSTABORTION CARE**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 5: Makes aseptic preparations for MVA.				
	2	1	0	Comments
5.1 *Puts on protective apron, as well as mask and eye protection, if available.				
5.2 *Washes hands.				
5.3 *Puts clean or sterile exam gloves on both hands.				
5.4 *Washes cervix and vagina with antiseptic.				

POSSIBLE SCORE: 8 points

CUT OFF: 8 points (must include skills with asterisks (*))

Score Attained: _____

Task 6: Inspects the vulva.				
	2	1	0	Comments
6.1 *Checks for bleeding.				
6.2 *Looks for sores or other signs of STIs.				
6.3 *Looks for evidence of trauma, e.g., tearing (for women who have been circumcised).				

POSSIBLE SCORE: 6 points

CUT OFF: 6 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-b (continued)

**PERFORMING A COMPLETE CLINICAL ASSESSMENT
FOR POSTABORTION CARE**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 7: Performs a speculum exam.				
	2	1	0	Comments
7.1 Explains to the woman what to expect and keeps her informed during the exam.				
7.2 *Positions the speculum gently.				
7.3 Checks for:				
a. *bleeding				
b. *odor of vaginal blood, discharge				
c. *vaginal tears				
d. *signs of infection				
e. *signs of interference with the pregnancy.				
7.4 *If tissue is seen in the cervical os, removes it with forceps and sterile gauze.				

POSSIBLE SCORE: 16 points

CUT OFF: 14 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-b (continued)

**PERFORMING A COMPLETE CLINICAL ASSESSMENT
FOR POSTABORTION CARE**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 8: Performs a bimanual examination.				
	2	1	0	Comments
8.1 Explains to the woman what to expect and keeps her informed during the exam.				
8.2 Examines the uterus:				
a. *uterine size,				
b. *any difference in actual uterine size compared with menstrual history,				
c. *consistency and position.				
8.3 *Checks for cervical dilation.				
8.4 *If tissue is felt in the cervical os, removes it using sterile gauze and forceps as needed.				
8.5 *Makes appropriate clinical treatment plan based on findings from complete clinical assessment.				

POSSIBLE SCORE: 14 points CUT OFF: 12 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-c

IMPLEMENTING PAIN MANAGEMENT

Date of Assessment: _____ Dates of FP/RH Training: From _____ To _____ 19____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-c (continued)

IMPLEMENTING PAIN MANAGEMENT

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Uses interpersonal communication and medication to address the individual woman's need for control of pain and anxiety.	20		8		
TOTAL	20		8		

Skills Assessment Tool 5-c (continued)

IMPLEMENTING PAIN MANAGEMENT

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 1: Uses interpersonal communication and medication to address the individual woman's need for control of pain and anxiety.

	2	1	0	Comments
1.1 Explains to the woman what she will feel and the effect of any pain control medications given.				
1.2 *Decides upon pain control measures that are appropriate for the individual woman's condition, anxiety and safety.				
1.3 *Administers premedications appropriately. (See Tool 5-b.)				
1.4 For paracervical block for MVA: <ul style="list-style-type: none"> a. Fills 10 ml syringe with local anesthetic b. With traction on the tenaculum, moves the cervix to identify the location for the injections c. *Inserts the needle and pulls back plunger slightly to avoid injecting into a blood vessel d. *Injects at appropriate sites around the cervix e. Waits 2 to 5 minutes for anesthetic to take effect. 				
1.5 Talks calmly and reassuringly to the woman throughout the MVA procedure explaining what is happening.				
1.6 Advises woman appropriately post-operatively.				

POSSIBLE SCORE: 20 points CUT OFF: 8 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-d

**PREPARING FOR AND PERFORMING THE MVA PROCEDURE
AND CARRYING OUT POST-PROCEDURAL STEPS**

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19 _ _

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-d (continued)

**PREPARING FOR AND PERFORMING THE MVA PROCEDURE
AND CARRYING OUT POST-PROCEDURAL STEPS**

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares the MVA syringe.	6		6		
2. Performs the MVA procedure.	40		34		
3. Performs post-procedural steps after the MVA procedure.	22		22		
TOTAL	68		62		

Skills Assessment Tool 5-d (continued)

**PREPARING FOR AND PERFORMING THE MVA PROCEDURE
AND CARRYING OUT POST-PROCEDURAL STEPS**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares the MVA syringe.				
	2	1	0	Comments
1.1 Beginning with the syringe plunger fully forward in the barrel prepares a vacuum in the syringe: a. *Presses the valve button or buttons to close the syringe. b. *Pulls the plunger arms back. c. *Makes sure the plunger arms catch securely on the wide edges of the syringe barrel.				

POSSIBLE SCORE: 6 points

CUT OFF: 6 points (must include skills with asterisks (*))

Score Attained: _____

Task 2: Performs the MVA procedure				
	2	1	0	Comments
2.1 *Ensures that all preparations and exams have taken place.				
2.2 *Checks the medical chart for any important information.				
2.3 *Performs speculum and bimanual exams (if not performed by same provider during assessment).				
2.4 Explains the MVA procedure to the woman.				
2.5 Explains what is happening during each step of the procedure. (continued on next page)				

Skills Assessment Tool 5-d (continued)

**PREPARING FOR AND PERFORMING THE MVA PROCEDURE
AND CARRYING OUT POST-PROCEDURAL STEPS**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 2 (continued): Performs the MVA procedure.

	2	1	0	Comments
2.6 *Follows no-touch technique throughout the procedure to ensure that all instruments that contact the uterus or bloodstream are not contaminated.				
2.7 *Inserts the speculum.				
2.8 *Attaches the tenaculum.				
2.9 *Performs paracervical block if needed.				
2.10 *Dilates the cervix as necessary.				
2.11 *Inserts the cannula gently past the cervical os.				
2.12 *Attaches the prepared syringe.				
2.13 *Moves the cannula until it touches the fundus and withdraws slightly.				
2.14 *Starts suction by releasing the pinch valve.				
2.15 *Evacuates the uterus by rotating the cannula while moving it gently toward the fundus and back.				
2.16 *Checks for signs of completion (pink foam, gritty feeling of the uterine lining).				
2.17 *Examines tissue.				
2.18 *Performs bimanual exam after MVA to check for uterine size and firmness.				
2.19 *Repeats MVA procedure, if needed (inadequate tissue or an uncontracted uterus with continued bleeding).				
2.20 Records case information according to local practice.				

POSSIBLE SCORE: 40 points CUT OFF: 34 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-d (continued)

**PREPARING FOR AND PERFORMING THE MVA PROCEDURE
AND CARRYING OUT POST PROCEDURAL STEPS**

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 3: Performs post-procedural steps after the MVA procedure.				
	2	1	0	Comments
3.1 *Places all instruments in decontamination solution.				
3.2 *Disposes of contaminated wastes correctly.				
3.3 *Places gloves in decontamination solution.				
3.4 *Checks patient's recovery (bleeding, cramping, vital signs).				
3.5 *Gives patient discharge instructions.				
3.6 *Processes all instruments appropriately. (See Module 8: Organizing and Managing a FP/RH Clinic for MAQ).				
3.7 Communicates with woman regarding: <ul style="list-style-type: none"> a. *information about recovery b. *signs of problems c. *reassurance about future fertility d. *essential family planning information e. *availability of other reproductive health services as needed. 				

POSSIBLE SCORE: 22 points CUT OFF: 22 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-e

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Date of Assessment: _____ Dates of FP/RH Training: From _____ To _____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee as a guide to skills training and learning or as a job aid after training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is pointed).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills training and learning:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this Tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Makes a positive initial contact with the woman.	10		6		
2. Asks about the woman's individual needs, situation and preferences.	12		10		
3. Addresses the woman's individual needs, situation and preferences.	8		6		
4. Tells the woman essential information about postabortion FP.	6		6		
5. Helps the woman make an informed choice of a FP method.	6		4		
6. Provides FP method that is appropriate for the woman.	10		10		
7. Explains about the FP method provided.	4		4		
8. Plans follow-up visit or referral for FP or other RH needs.	4		4		
TOTAL	60		50		

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 1: Makes a positive initial contact with the woman.				
	2	1	0	Comments
1.1 Introduces self; asks woman's name.				
1.2 *Explains that conversation is confidential.				
1.3 *Expresses concern for the woman, interest in helping, asks how she feels.				
1.4 Finds space where counseling can be private.				
1.5 *Asks woman if she feels able to talk about family planning (if NOT, checks back later on).				

POSSIBLE SCORE: 10 points CUT OFF: 6 points (must include skills with asterisks (*))

Score Attained: _____

Task 2: Asks about the woman's individual needs, situation and preferences.				
	2	1	0	Comments
2.1 *Asks if she would like to invite her partner or a family member to join them.				
2.2 *Asks if she wants to become pregnant soon (reproductive goals).				
2.3 *Asks if she was using contraception before becoming pregnant.				
2.4 Asks about age, marital status, number of pregnancies.				

(continued on next page)

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 2 (continued): Asks about the woman's individual needs, situation and preferences.

	2	1	0	Comments
2.5 *Asks if she has a preference for a particular contraceptive method.				
2.6 *Asks about situations that have made or would make it difficult to use FP.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
 Score Attained: _____

Task 3: Addresses the woman's individual needs, situation, and preferences.

	2	1	0	Comments
3.1 *Proceeds with counseling, if time is appropriate for the woman and she does not want to become pregnant.				
3.2 Invites partner or family member to join, if the woman wishes.				
3.3 *Addresses problems in contraceptive use (misuse, discontinuation, concerns about method, desire to change method).				
3.4 *Provides information about the woman's preferred method, if preference is expressed, and reaffirms that there are other options as well.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))
 Score Attained: _____

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 4: Tells the woman essential information about postabortion FP.

	2	1	0	Comments
4.1 *Informs the woman that she can become pregnant again very quickly, even within 2 weeks.				
4.2 *Tells her that safe modern contraceptive methods are available.				
4.3 *For the woman who wants to begin using a method later, provides information on where and how to use services close to her home.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
 Score Attained: _____

Task 5: Helps the woman make an informed choice of a FP method.

	2	1	0	Comments
5.1 Provides brief information about a range of appropriate FP methods.				
5.2 *Helps the woman consider her needs and make an informed choice of a FP method.				
5.3 *Assesses the woman's risk of STI.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
 Score Attained: _____

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 6: Provides FP method that is appropriate for the woman.

	2	1	0	Comments
6.1 *Determines whether the woman meets eligibility criteria for FP method or methods she wants to use.				
6.2 *Gives the woman her preferred FP method, if possible.				
6.3 *Offers alternative FP methods, if the woman's preference is not possible.				
6.4 *Offers interim FP methods, if the woman wants or needs to delay beginning to use her chosen method.				
6.5 *Provides condoms for STI protection, if needed (whether or not another FP method was begun).				

POSSIBLE SCORE: 10 points CUT OFF: 10 points (must include skills with asterisks (*))

Score Attained: _____

Task 7: Explains about the FP method provided.

	2	1	0	Comments
7.1 *Explains how the chosen method works, side effects, warning signs of complications.				
7.2 *Answers any questions the woman has.				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 5-e (continued)

PROVIDING POSTABORTION FAMILY PLANNING COUNSELING

Note: The following tasks are numbered to facilitate use of this tool. However, the counseling process should be dynamic and tailored to the individual woman's needs, and may not always follow the sequence implied by the numbering.

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 8: Plans follow-up visit or referral for FP or other RH needs.

	2	1	0	Comments
8.1 *Plans follow-up visit for FP method provided or if the woman needs more time to decide about a method. Provides back-up method, if needed. <i>OR. . .</i>				
8.2 *Provides a referral when a woman's chosen FP method is not available at this time or at this facility, and provides a back-up FP method.				
8.3 *Plans follow-up visit or referral for other RH needs.				

POSSIBLE SCORE: 4 points

CUT OFF: 4 points (must include skills with asterisks (*))

Score Attained: _____

REFERENCES

The following list includes the Key Resources for this Module (see page 5-9), references used to develop this module, and other resources that are particularly useful for trainers.

Benson J, et al: Meeting Women's Needs for Post-Abortion Family Planning: Framing the Questions. *Issues in Abortion Care* 1991;2:1-69.

Background paper reviews current literature on postabortion family planning and discusses lessons learned from efforts to provide clinical services. Frames questions regarding ways to improve the delivery of services. Analysis encompasses provision of family planning to women seeking both emergency abortion care and induced abortion. Major emphasis is on provision of family planning to women treated for abortion complications in emergency setting. Includes bibliography. Available in **English** and **Spanish** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Greenslade F, et al: Post-Abortion Care: A Women's Health Initiative to Combat Unsafe Abortion. *Advances in Abortion Care* 1994;4(1):1-4.

Defines and reviews three essential features of postabortion care for reducing mortality and morbidity from unsafe abortion: emergency treatment services for incomplete abortion and related complications; postabortion family planning; and links between emergency abortion treatment services and comprehensive reproductive health services. Includes references. Available in **English**, **French**, **Portuguese** and **Spanish** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Module 5: Providing Postabortion Care Services

Grimes DA: Diagnostic Office Curettage--Heresy No longer. Oradell, NJ, Medical Economics Company Inc., 1986. Reprinted from *Contemporary Ob/Gyn* 1986;(January).

Presents evidence that office curettage, especially by suction, is a safe and practical alternative to hospital-based dilation and curettage (D & C). Available in **English** from:

Medical Economics Company, Inc.
Customer Service
Five Paragon Drive
Montvale, New Jersey 07645, USA.
Tel: 1- 201-358-7500; toll free (in North America): 1-800-432-4570
Fax: 1-201-722-2680

Ipas: *Gynecologic Aspiration Kits with Karman Cannulae and Syringes for Treatment of Incomplete Abortion* (package insert). Carrboro, NC, Ipas, 1996.

Manual provides indications and contraindications for use of MVA kit. Numerous figures illustrate: MVA procedure; cleaning, disinfecting, and maintaining instruments; and reassembly/storage. Three tables provide detailed information on sterilization and disinfection of instruments. Available in **English, Portuguese** and **Spanish** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

* Ipas: *Postabortion Family Planning: A Curriculum Guide for Improving Counseling and Services*. Carrboro, NC, Ipas, 1996.

Course designed to develop and improve counseling skills among health and planning workers who interact with postabortion women. Divided into 11 modules, focusing on aspects of postabortion family planning. Includes basic review of family planning methods, use of methods after abortion, common sexually transmitted diseases, including HIV infection, information on treatment of complications of abortion, and reproductive anatomy and physiology. Includes chart summarizing content of each training step, time estimated for the step, training techniques, and any special aids needed. Available in **English, French, Portuguese** and **Spanish** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

- * Johns Hopkins University/Population Communication Services: *Put Yourself in Her Shoes: Postabortion Family Planning Counseling* (video). Baltimore, JHU/PCS, 1997.
Developed in collaboration with PATH and the Postabortion Care Consortium. Presents stories of four African women who have had abortions and explores their interactions with health care providers after treatment for complications. Focuses on one nurse's growing skills in family planning counseling to prevent repeat abortion and her satisfaction in helping her patients avoid future unplanned pregnancies. Highlights important aspects of the counseling process. Part of a training package that includes a video discussion guide for trainers, a counseling review sheet for providers and a prototype leaflet for clients. Running time: 30 minutes. Available in PAL format in **English** and **French** from:

Media/Materials Clearinghouse
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: mmc@jhu.edu

- Leonard AH, Ladipo OA: Postabortion Family Planning: Factors in Individual Choice of Contraceptive Methods. *Advances in Abortion Care* 1994;4(2):1-4.

Reviews recommendations from the 1993 Technical Working Group. Folds out into wall chart that lists, in order, postabortion family planning methods from most to least effective. Available in **English, French, Portuguese** and **Spanish** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

- Leonard AH, Yordy L: Protocol for Reusing Ipas Manual Vacuum Aspiration Instruments. *Advances in Abortion Care* 1992;2(1):1-12.

Procedures intended to supplement existing recommendations for standard infection control practices. Numerous figures illustrate cleaning, disinfection and maintenance of instruments, as well as storage. Three tables provide detailed information on sterilization and disinfection. Includes references. Available in **English, French, Portuguese** and **Spanish** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

* These resources are particularly useful for trainers.

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Module 5: Providing Postabortion Care Services

Leonard AH, Winkler J: A Quality of Care Framework for Abortion Care. *Advances in Abortion Care* 1992;1(1):1-3.

Outlines each of the seven elements of quality of care framework for abortion. Includes references. Available in **English, French, Portuguese** and **Spanish** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Margolis A, et al: Pain Control for Treatment of Incomplete Abortion with MVA. *Advances in Abortion Care* 1993;3(1):1-8.

Suggests appropriate pain control strategies for MVA procedure. Reviews dosage and effects of analgesics, anxiolytics and anesthesia. Features illustration of how to administer paracervical block. Numerous tables. Available in **English, French, Portuguese** and **Spanish** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

* Postabortion Care Consortium: *Postabortion Care: A Global Health Issue* (video). Baltimore, Johns Hopkins University/Population Communication Services, 1994.

Proceedings of seminar held at Johns Hopkins University regarding priorities for improvement of access and provision of emergency postabortion care in developing countries. Three key elements are discussed: emergency treatment; postabortion family planning; and links to reproductive health services. Recommendations are provided for integrating treatment of abortion complications and family planning services. Running time: 12 minutes. Available in **English** from:

Milner-Fenwick, Inc.
2125 Greenspring Drive
Timonium, Maryland 21093, USA.
Tel: 1-410-252-1700; toll free (in North America): 1-800-432-8433
Fax: 1-410-252-6316
E-mail: mfvideo@milner-fenwick.com

* These resources are particularly useful for trainers.

- * Postabortion Care Consortium, Winkler J, Oliveras E, McIntosh N (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*. Baltimore, JHPIEGO, 1995.

Provides clinicians with step-by-step instructions for provision of comprehensive postabortion care services. Provides in-depth discussion of treatment of incomplete abortion and its life-threatening complications. Particular attention given to manual vacuum aspiration (MVA). Additional features of postabortion care are covered such as family planning and referral to health care services needed after emergency treatment. Detailed appendices feature step-by-step directives for: infection and pain management, severe vaginal bleeding, intra-abdominal injury, blood transfusion, administration of medicines, and processing of surgical gloves, among many other. Numerous easy-to-read tables and well-illustrated figures complement the text. Available in **English** and **French** from:

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpigo.org

- * Salter C, et al: Care for Postabortion Complications: Saving Women's Lives. *Population Reports Series L*, 1997;(10):1-31.

Discusses the severity of the problem of unsafe abortions and ways it can be addressed. Outlines the "CAP" postabortion strategy which insures that women receive complete, appropriate, and prompt care. Stresses the need to plan for postabortion care and avoid the crisis atmosphere that currently characterizes most postabortion treatment. The use of local anesthesia with manual vacuum aspiration (MVA) is shown to be a safe, and cost effective method of treatment for incomplete abortion, reducing maternal deaths from hemorrhage and infection. The need to offer some degree of postabortion care at every level of health system is discussed. Provision of sensitive family planning counseling at the time of postabortion care is stressed. Available in **English** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

* These resources are particularly useful for trainers.

Module 5: Providing Postabortion Care Services

Solter C: MVA for Treatment of Incomplete Abortion, Module 11, in *Comprehensive Reproductive Health and Family Planning Training Curriculum*, Watertown, MA, Pathfinder International, forthcoming.

Prepares physicians, nurses, and midwives to care for patients with complications of septic and incomplete abortions. Provides detailed instructions for how to conduct training. Includes an evaluation tool for evaluating the training and a pre- and post-test for evaluating knowledge of the technical material. Session includes simulation skills practice, case studies, role plays, discussions, clinical practices, on-site observation, specific measurable objectives, knowledge, attitudes, skills checklists, and exercises for development of action plans. Older versions available in **Russian** and **Vietnamese**. Revised edition forthcoming in **English** and **Spanish** from:

Pathfinder International
Medical Services
9 Galen Street, Suite 217
Watertown, Massachusetts 02172, USA.
Tel: 1-617-924-7200
Fax: 1-617-924-3833
E-mail: emajernik@pathfind.org

Winkler J, Leonard AH: Family Planning Following Postabortion Treatment. (wallchart) *Advances in Abortion Care* 1997;6(2):1.

Wallchart outlines key points in the problem-solving approach to postabortion family planning counseling. Stresses the strategy that every health care provider can help every woman consider any method of family planning that interests her. Also included as a supplement to *Population Reports* 1997, Series L (10). **French, Spanish** and **Portuguese** forthcoming. Available in **English** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Wolf M: Consequences and Prevention of Unsafe Abortion. *Issues in Abortion Care* 1994;3:1-21.

Report of two panels at XII World Congress of Gynaecology and Obstetrics. Addresses incidence and consequences of unsafe abortions, improving abortion care, use of appropriate technology to decentralize care, standards and outlines strategies for preventing unwanted pregnancies. Available in **English** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

* World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Care of Mother and Baby at the Health Center: A Practical Guide*. Geneva, WHO, 1994.

Recommends lines of action for improving access to services and decentralizing maternal and newborn care. Defines essential functions, tasks and skills needed for comprehensive care of mothers and babies at first referral level. Covers normal care and life-saving emergency procedures. Describes integration of midwifery services through referral and support systems. Contains 23-page table defining exact procedures, skills, facilities, equipment and supplies needed for family planning, prenatal care, delivery care, postnatal care, abortion care, care of the healthy newborn, care of the sick newborn and management of sexually transmitted diseases, including HIV and AIDS. Provides advice on developing and maintaining a functioning referral system and discusses the necessary institutional support mechanisms for training, supervision and the provision of essential drugs and supplies. Addresses community support systems, with emphasis on training and retraining of traditional birth attendants, and defines 22 indicators for evaluating and monitoring the effectiveness of maternal care. Available in **English** and **French** from:

World Health Organization, (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* These resources are particularly useful for trainers.

World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Clinical Management of Abortion Complications: A Practical Guide*. Geneva, WHO, 1994.

Practical guide to the emergency care of women suffering from complications of abortion. Stresses steps to follow and errors to avoid when assessing patients, identifying life-threatening conditions and taking appropriate action. Bulk of chapters describe management for each major complication: shock, moderate to light vaginal bleeding, severe vaginal bleeding, intra-abdominal injury and sepsis. Each chapter includes decision-tree summarizing steps to follow when assessing and treating patients. Final chapter provides greater detail for general procedures of emergency abortion care, including intravenous fluid replacement, blood transfusion, administration of antibiotics and other medication, control of pain and prevention of tetanus. Practical information provided in series of annexes, which outline equipment and facilities needed at four levels of care, explain the steps to follow during manual vacuum aspiration and dilation and curettage (D&C), and provide addresses of manufacturers and suppliers. Available in **English** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Complications of Abortion: Technical and Managerial Guidelines for Prevention and Treatment*. Geneva, WHO, 1995.

Addressed to health managers, administrators and care providers. Follows step-by-step approach to provision of emergency and preventive care. First three chapters describe magnitude of mortality and morbidity caused by unsafe abortions, define essential components of abortion care at each level in health system, and discuss ways legal and societal factors affect abortion behavior and care. Features chapter on patient information and counseling, emphasizing importance of providing information in supportive manner. Other chapters offer detailed guidance on facilities, equipment and drugs needed for abortion care; training and supervision of staff; and ways to overcome several obstacles that make it difficult for women in remote rural areas to receive timely care. **Chinese**, **French** and **Spanish** versions in preparation. Available in **English** from:

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* These resources are particularly useful for trainers.

- * Yordy L, Johnson S, Winkler J: *MVA Trainer's Handbook*. (With an updated module on postabortion family planning compiled by Winkler J and Feldman K). Carrboro, NC, Ipas, updated February 1996.

This handbook is a guide for conducting a postabortion care training course based on manual vacuum aspiration (MVA) and contains all the necessary information for administering the course. It includes notes to the trainer about methods and how to conduct the session, objectives, content of the course, prerequisite skills, sample schedules, strategies for evaluation of the trainees and the course, a checklist of materials and equipment needed, lesson plans for each module including slides and masters for handouts, and a bibliography of related materials. Revised edition forthcoming in 1998. Current edition available in *English, Portuguese* and *Spanish* from:

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